



7111 Fairway Drive
Suite 201
Palm Beach Gardens, FL
33418
Toll Free: 888-920-4440
Email: @danestreet.com

Notice of Independent Review Decision

SENT TO:

IRO Reviewer Report

X, amended X

IRO Case #: X

Description of the service in dispute:

X

A description of the qualifications for each physician or other health care provider who reviewed the decision:

X

Review Outcome: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld/Non-Certify

Information Provided to IRO for Review:

X

Patient Clinical History [Summary]:

This is a X member with a diagnosis of a strain of muscle, fascia, and

tendon of the lower back, initial encounter. The request is for the coverage X.

X Lumbar spine Magnetic Resonance Imaging revealed a X.

On X The member reported non-radiating lower back pain. On physical examination, there was tenderness to palpation at the lower back. Pain was attributed to acute myofascial strain.

On X The member reported low back pain with bilateral lower extremity radiation.

On X the member reported ongoing sharp pain in unspecified body parts. Physical therapy hurt too much. No comorbidities were documented. The member was diagnosed with lumbar sprain and strain. A X was proposed.

Analysis and Explanation of the Decision include basis, findings, and conclusions used to support the decision:

In this case, the treating physician requested a CPT code corresponding to monitored X. X is excessive and unnecessary for X in virtually all cases. There is no record of extraordinary circumstances that would necessitate X care in this case. Most X require X at all. In cases of extreme X. The request is not shown to be medically necessary. As such, ODG-Official Disability Guidelines & Treatment Guidelines have not been met. Therefore, the request for the coverage of X, for the diagnosis of a strain of muscle, fascia, and tendon of the lower back, initial encounter is not medically necessary.

References:

American Society of Anesthesiologists, Statement on Anesthetic Care During Interventional Pain Procedures for Adults, Last Amended: X

(original approval: X), X

A description, and the source of the screening criteria or other clinical basis used to make the decision:

ODG-Official Disability Guidelines & Treatment Guidelines